PTO/SB/81 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are requir

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

mation unless it displays a valid OMB control number.
11/18/2003
Alison Lewey
Insect Repellent Composition
_45317/043128

I hereby appoint:	1171174	
Practitioners associated with the Customer Number:		
OR	30472	
Practitioner(s) named below:	PATENT TO ADEMARK OFFICE	
Name	Registration Number	
Namo	registration runiber	
as my/our attorney(s) or agent(s) to prosecute the application identified a Trademark Office connected therewith.	above, and to transact all business in the United States Patent and	
Please recognize or change the correspondence address for the above-i	-identified application to:	
The address associated with the above-mentioned Customer N	Number:	
OR		
The address associated with Customer Number:		
OR		
Firm or Individual Name		
Address		
Address		
City	State Zip	
Country		
Telephone	Fax	
I am the: Applicant/Inventor.		
Assignee of record of the entire interest. See 37 CFR 3.71. Statement utider 37 CFR 3.73(b) is enclosed. (Form PTO/SB/9)	96)	
SIGNATURE of Applicant		
Name Alison Lavey //		
Signature Num Num		
Date 1/13/03	Telephone (207) 278-5504	_
NOTE: Signatures of all the inventors or assignees of record of the entire interest or forms if more than one signature is required, see below.	or their representative(s) are required. Submit multiple	
*Total of _1 forms are submitted.		

This collection of Information is required by 37 CFR 1.31 and 1.33. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

45317/043128

Under the Paperwork Reduction Act of 1995, no persons are regulred to respond to a collection of Information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR

Attorney Docket Number

DECLARATION	TOR OTILI SIGN	F	irst Named Inventor	Alison Lew	/ev		
PATENT A		N -	COMPLETE IF KNOWN				
	R 1.63)	· ·	Application Number				
(0. 0.	,						
Declaration	Declara	ition	iling Date	11/18/	2003		
استا Submitted <i>OR</i> With Initial		ted after Initial A	rt Unit	<u> </u>			
Filing	(37 ČF)	R 1.16 (e))	xaminer Name				
	require	(a)					
I hereby declare that:							
Each inventor's residence, ma	ailing address, a	and citizenship are as	stated below next to	their name.	٠.		
I believe the inventor(s) name which a patent is sought on th	d below to be t	he original and first in itled:	ventor(s) of the subje	ct matter whic	h is claimed and for		
INSECT REPELLEN	T COMPOS	SITION CONTAI	NING ESSENTI	AL OILS			
·		· ·			·		
			·				
the specification of which		(Title of the In	vention)		·		
is attached hereto		•					
					*		
OR .							
was filed on (MM/DD/YYYY) as United States Application Number or PCT International							
Application Number and was amended on (MM/DD/YYYY) (if applicable).							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to di continuation-in-part application	sclose informa	tion which is materia	il to patentability as	defined in 37	CFR 1.56, including for		
and the national or PCT intern	ational filing da	te of the continuation	in-part application.	i tile illing dat	e or the prior application		
I hereby claim foreign priority	benefits unde	r 35 U.S.C. 119(a)-(d) or (f), or 365(b) o	f any foreign	application(s) for patent,		
inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign							
application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date							
before that of the application of	n which priority			·· la	45 10 10		
Prior Foreign Application Number(s)	Country	Foreign Filing D			ertifled Copy Attached? Yes No		
				7			
i i		I		≓ l			
			1 1]		
				<u> </u>			
-							
-							

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION — Utility or Design Patent Application

								i		
Direct all correspondence to:	Customer	Number:				OR		Corres	oondence addre	ess below
Name			30	472						
			ATENT TRAC		EEICE					
Address	<u>.</u>		ALENI IKAL	·				-1		
, ida 1000										
City	-			State					ZIP	
Country		Telephon	е			Fax				
I hereby declare that all statem and belief are believed to be statements and the like so mad false statements may jeopardiz	true; and furti de are punishab	her that t le by fine	these stat or impriso	ements onment,	were or both	made h, und	with t er 18 U	he kno	wledge that w	illful false
NAME OF SOLE OR FIRST IN	VENTOR:		Ар	etition h	as bee	n filed	for this	unsigr	ned inventor	
Given Name (first and middle (if any)) Alison		. .			Fa	mily N Suma	lame	ewey		
Inventor's Signature									Date ////3/63	,
Residence City Corinna	State Maine			Countr	у			Citizer USA	nship /	
Mailing Address 176 Amsden Road				*				· · · · · · · · · · · · · · · · · · ·		
City	State				ZIP				Country .	
Corinna	Maine		,	· ·	04928				USA	
NAME OF SECOND INVENTO	R:				A pet	ition h	as bee	n filed f	or this unsigned	d inventor
Given Name (first and middle [if any])						nily Na Surnan				
Inventor's Signature									Date	
Residence: City	State			Countr	у			Citizer	nship	
Mailing Address				-				-		
City	State			Z	ïP			Counti	ry	
Additional inventors or a legal re-	presentative are bein	a named on	the s	unniemeni	al sheet	(s) PTO	/SB/024	or 021 P s	attached hereto	